

California Water Resources Control Board
Hazardous Substance Storage Statement



Who Must File: Each person storing hazardous substances in any underground container must file this form no later than July 1, 1984 (After October 1, 1984 and no later than January 1, 1985 for tanks used on farms).

Definition of Underground Containers: The law applies to concrete sumps, nonvaulted buried tanks or other underground containers. (Water Code section 13173). All containers, including earthen walled pits, ponds, lagoons and sumps, that are below the normal ground surface level must register. A tank sitting on the ground is not included. Containers partially beneath the surface are included. Lined or unlined pits, ponds and lagoons are covered if earth has been removed from the storage area to construct the facility. Normal grading is not considered construction below ground level.

Definition of Hazardous Substance: Any substance listed in Section 6382 of the Labor Code or in Section 25316 of the Health and Safety Code. This includes gasoline, diesel fuel, all industrial solvents, pesticides, herbicides and fumigants. If the material must be carried by a registered hauler, disposed of at a hazardous waste site, is explosive, generates pressure due to heat or decomposition or would harm humans or wildlife you must register.

the tank. Wastes are included.

Fee: For each tank registered a \$10 fee must be paid, except that retail gasoline stations pay \$5 per tank.

Penalties: For failure to file, the penalty is \$500-\$5,000 per day. If you falsify information, you can be fined up to \$20,000 for each day the information is incorrect and has not been corrected.

Confidentiality: If you have information protected by trade secret laws, please attach a list of the information on this form that is confidential and the justification for confidentiality, including specific citations of relevant statutory and case law.

Multiple Containers: Fill I and II on one form and leave it blank on all the remaining forms. Attach all forms together securely. If you own more than 50 tanks you can file information on computer tape. Call 916/324-1262 for information.

This is not a Permit Application. All Underground Tanks will be subject to local regulation. Some jurisdictions have already begun programs. Check with your local county government for further information.

NOTE: ALL UNDERGROUND CONTAINERS MUST REGISTER EVEN IF STATE AND/OR LOCAL PERMITS ARE IN FORCE.

I Owner

Name (Corporation, Individual or Public Agency) Amco/National Supply Co./National Production Systems			
Street Address 9100 S. Norwalk Blvd.	City Los Nietos	State Ca	ZIP 90610

II Facility

Facility Name National Production Systems		Dealer Foreman/Supervisor R. M. Hoover	
Street Address 9100 S. Norwalk Blvd.		Nearest Cross Street Los Nietos Road	
City Los Nietos, California		County Los Angeles	ZIP 90610
Mailing Address Same as above		City	State
Phone w/area code 213) 699-0931		Type of Business <input type="checkbox"/> 01 Motor Vehicle Fuel Station <input checked="" type="checkbox"/> 02 Other: Manufacturing Plant	
Number of Tanks at this Facility 3	Rural Areas Only:	Township:	Range:
		Section:	

III 24 Hour Emergency Contact Person

Days Name (last name first) and Phone w/area code Hoover, Morris 213) 699-0931 ext 226	Nights Name (last name first) and Phone w/area code Hoover, Morris FX-6: Personal Privacy
--	--

COMPLETE THE FOLLOWING ON A SEPARATE FORM FOR EACH CONTAINER

IV Description

A. <input checked="" type="checkbox"/> 01 Tank <input type="checkbox"/> 02 Sump <input type="checkbox"/> 03 Lagoon, Pit or Pond <input type="checkbox"/> 04 Other: _____		Container Number (If there is no number, assign one): 6002
B. Manufacturer (if appropriate): _____ Year of Mfg. 1951		C. Year Installed 1951 <input type="checkbox"/> Unknown
D. Container Capacity: 3,654 gallons <input type="checkbox"/> Unknown	E. Container Repairs: <input type="checkbox"/> 01 None <input checked="" type="checkbox"/> 02 Unknown <input type="checkbox"/> 03 Yes Year: _____	
F. Is Container currently used? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No If No, year of last use: _____ <input type="checkbox"/> 03 Unknown		
G. Does the Container Store (Check One): <input type="checkbox"/> 01 Waste <input checked="" type="checkbox"/> 02 Product		
H. Does the Container Store Motor Vehicle Fuel or Waste Oil? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No If Yes, Check appropriate box(es): <input type="checkbox"/> 01 Unleaded <input type="checkbox"/> 02 Regular <input type="checkbox"/> 03 Premium <input type="checkbox"/> 04 Diesel <input type="checkbox"/> 05 Waste Oil <input type="checkbox"/> 06 Other (List): _____		

V Container Construction

A. Thickness of Primary Containment: 1/8" <input type="checkbox"/> Gauge <input checked="" type="checkbox"/> Inches <input type="checkbox"/> cm <input type="checkbox"/> Unknown	
B. <input type="checkbox"/> 01 Vaulted (Located in an underground vault.) <input checked="" type="checkbox"/> 02 Non-vaulted <input type="checkbox"/> 03 Unknown	
C. <input type="checkbox"/> 01 Double Walled <input checked="" type="checkbox"/> 02 Single Walled <input type="checkbox"/> 03 Lined <input type="checkbox"/> 04 Wrapped <input type="checkbox"/> 05 Unknown <input type="checkbox"/> 06 None	
D. <input checked="" type="checkbox"/> 01 Carbon Steel <input type="checkbox"/> 02 Stainless Steel <input type="checkbox"/> 03 Fiberglass <input type="checkbox"/> 04 Polyvinyl Chloride <input type="checkbox"/> 05 Concrete <input type="checkbox"/> 06 Aluminum <input type="checkbox"/> 07 Steel Clad <input type="checkbox"/> 08 Bronze <input type="checkbox"/> 09 Composite <input type="checkbox"/> 10 Non-metallic <input type="checkbox"/> 11 Earthen Walls <input type="checkbox"/> 12 Unknown <input type="checkbox"/> 13 Other: _____	
E. <input type="checkbox"/> 01 Rubber Lined <input type="checkbox"/> 02 Alkyd Lining <input type="checkbox"/> 03 Epoxy Lining <input type="checkbox"/> 04 Phenolic Lining <input type="checkbox"/> 05 Glass Lining <input type="checkbox"/> 06 Clay Lining <input checked="" type="checkbox"/> 07 Unlined <input type="checkbox"/> 08 Unknown <input type="checkbox"/> 09 Other: _____	
F. <input type="checkbox"/> 01 Polyethylene Wrap <input type="checkbox"/> 02 Vinyl Wrapping <input type="checkbox"/> 03 Cathodic Protection <input type="checkbox"/> 04 Unknown <input checked="" type="checkbox"/> 05 None <input type="checkbox"/> 06 Other: _____	

VI Piping

A Associated Piping:	<input type="checkbox"/> 01 Above Ground	<input type="checkbox"/> 02 Underground	<input checked="" type="checkbox"/> 03 Vaulted
B Underground Piping:	<input type="checkbox"/> 01 Gravity	<input checked="" type="checkbox"/> 02 Pressure	<input type="checkbox"/> 03 Suction <input type="checkbox"/> 04 Unknown
C Piping Repairs:	<input type="checkbox"/> 01 None	<input checked="" type="checkbox"/> 02 Unknown	<input type="checkbox"/> 03 Yes, Year of most recent repair: _____

VII Leak Detection

<input checked="" type="checkbox"/> 01 Visual	<input type="checkbox"/> 02 Stock Inventory	<input type="checkbox"/> 03 Tile Drain	<input type="checkbox"/> 04 Vapor Sniff Wells	<input type="checkbox"/> 05 Sensor Instrument
<input type="checkbox"/> 06 Ground Water Monitoring Wells	<input type="checkbox"/> 07 Pressure Test	<input type="checkbox"/> 08 Internal Inspection	<input type="checkbox"/> 09 None	
<input type="checkbox"/> 10 Other: _____				

VIII Chemical Composition of Materials Currently or Previously Stored in Underground Containers

If you checked yes to IV-H you are not required to complete this section

currently stored	previously stored	CAS # (if known)	Chemical (Do Not Use Commercial Name (Use additional paper for more room))
<input checked="" type="checkbox"/> 01	<input type="checkbox"/> 02	8 0 0 8 - 2 0 - 6	Kerosene
<input checked="" type="checkbox"/> 01	<input type="checkbox"/> 02	6 1 7 9 0 - 4 9 - 5	Sulfurized Lard Oil
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		

Is Container located on an Agricultural Farm? ☐ 01 Yes ☒ 02 No**IX IMPORTANT! Read instructions before signing:**

Signature: The form must be signed by 1) a principal executive officer at the level of vice-president or by an authorized representative. The representative must be responsible for the overall operation of the facility where the tank(s) are located, 2) a general partner proprietor, or 3) a principal executive officer, ranking elected official or authorized representative of a public agency.
This form has been completed under the penalty of perjury and, to the best of my knowledge, is true and correct.

Signature <i>Dale E. Gilbert</i>	Date 6-7-85
Printed Name Dale E. Gilbert	Title Plant Manager
	Phone w./area code 213) 699-0931

Send check to: Hazardous Substance Storage Statement, State Water Resources Control Board, P.O. Box 100, Sacramento, CA 95801-0100

Person Filing Statement Kathleen J. Cook	Phone w./area code 213) 699-0931
---	-------------------------------------

For additional forms or more information call 916/324-1262

FOR STATE USE ONLY

ID Number	Accounting Number	County Number
Date Received	<input type="checkbox"/> 01	<input type="checkbox"/> 02
		<input type="checkbox"/> 03

Official Registration Form
California Water Resources Control Board
Hazardous Substance Storage Statement



Who Must File: Each person storing hazardous substances in any underground container must file this form no later than July 1, 1984 (After October 1, 1984 and no later than January 1, 1985 for tanks used on farms).

Definition of Underground Containers: The law applies to concrete sumps, nonvaulted buried tanks or other underground containers. (Water Code section 13173) All containers, including earthen walled pits, ponds, lagoons and sumps, that are below the normal ground surface level must register. A tank sitting on the ground is not included. Containers partially beneath the surface are included. Lined or unlined pits, ponds and lagoons are covered. If earth has been removed from the storage area to construct the facility, Normal grading is not considered construction below ground level.

Definition of Hazardous Substance: Any substance listed in Section 6382 of the Labor Code or in Section 25316 of the Health and Safety Code. This includes: gasoline, diesel fuel, all industrial solvents, pesticides, herbicides and fumigants. If the material must be carried by a registered hauler, disposed of at a hazardous waste site, is explosive, generates pressure due to heat or decomposition or would harm humans or wildlife you must register

the tank. Wastes are included.

Fee: For each tank registered a \$10 fee must be paid, except that retail gasoline stations pay \$5 per tank.

Penalties: For failure to file, the penalty is \$500-\$5,000 per day. If you falsify information, you can be fined up to \$20,000 for each day the information is incorrect and has not been corrected.

Confidentiality: If you have information protected by trade secret laws, please attach a list of the information on this form that is confidential and the justification for confidentiality, including specific citations of relevant statutory and case law.

Multiple Containers: Fill I and II on one form and leave it blank on all the remaining forms. Attach all forms together securely. If you own more than 50 tanks you can file information on computer tape. Call 916/324-1262 for information.

This is not a Permit Application. All Underground Tanks will be subject to local regulation. Some jurisdictions have already begun programs. Check with your local county government for further information.

NOTE: ALL UNDERGROUND CONTAINERS MUST REGISTER EVEN IF STATE AND/OR LOCAL PERMITS ARE IN FORCE.

I Owner

Name (Corporation, Individual or Public Agency)			
Street Address	City	State	ZIP

II Facility

Facility Name		Dealer Foreman/Supervisor	
Street Address		Nearest Cross Street	
City	County	ZIP	
Mailing Address	City	State	ZIP
Phone w/ area code	Type of Business <input type="checkbox"/> 01 Motor Vehicle Fuel Station <input type="checkbox"/> 02 Other: _____		
Number of Tanks at this Facility	Rural Areas Only:	Township	Range Section

III 24 Hour Emergency Contact Person

Day's Name, last name first and Phone w/ area code	Nights Name, last name first and Phone w/ area code
Hoover, Morris 213) 699-0931 ext 226	Hoover, Morris FX-6: Personal Privacy

COMPLETE THE FOLLOWING ON A SEPARATE FORM FOR EACH CONTAINER

IV Description

A. <input checked="" type="checkbox"/> 01 Tank <input type="checkbox"/> 02 Sump <input type="checkbox"/> 03 Lagoon, Pit or Pond <input type="checkbox"/> 04 Other: _____		Container Number (if there is no number, assign one): 4807
B. Manufacturer (if appropriate): _____	Year of Mfg: _____	C. Year Installed: _____ <input checked="" type="checkbox"/> Unknown
D. Container Capacity: 2,000 gallons <input type="checkbox"/> Unknown	E. Container Repairs: <input type="checkbox"/> 01 None <input checked="" type="checkbox"/> 02 Unknown <input type="checkbox"/> 03 Yes Year: _____	
F. Is Container currently used? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No If No, year of last use: _____ <input type="checkbox"/> 03 Unknown		
G. Does the Container Store (Check One): <input type="checkbox"/> 01 Waste <input checked="" type="checkbox"/> 02 Product		
H. Does the Container Store Motor Vehicle Fuel or Waste Oil? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No If Yes, Check appropriate box(es): <input type="checkbox"/> 01 Unleaded <input type="checkbox"/> 02 Regular <input type="checkbox"/> 03 Premium <input type="checkbox"/> 04 Diesel <input type="checkbox"/> 05 Waste Oil <input type="checkbox"/> 06 Other (List): _____		

V Container Construction

A. Thickness of Primary Containment: _____ <input type="checkbox"/> Gauge <input type="checkbox"/> Inches <input type="checkbox"/> cm <input checked="" type="checkbox"/> Unknown	
B. <input type="checkbox"/> 01 Vaulted (Located in an underground vault.) <input checked="" type="checkbox"/> 02 Non-vaulted <input type="checkbox"/> 03 Unknown	
C. <input type="checkbox"/> 01 Double Walled <input type="checkbox"/> 02 Single Walled <input type="checkbox"/> 03 Lined <input type="checkbox"/> 04 Wrapped <input checked="" type="checkbox"/> 05 Unknown <input type="checkbox"/> 06 None	
D. <input type="checkbox"/> 01 Carbon Steel <input type="checkbox"/> 02 Stainless Steel <input type="checkbox"/> 03 Fiberglass <input type="checkbox"/> 04 Polyvinyl Chloride <input checked="" type="checkbox"/> 05 Concrete <input type="checkbox"/> 06 Aluminum <input type="checkbox"/> 07 Steel Clad <input type="checkbox"/> 08 Bronze <input type="checkbox"/> 09 Composite <input type="checkbox"/> 10 Non-metallic <input type="checkbox"/> 11 Earthen Walls <input type="checkbox"/> 12 Unknown <input type="checkbox"/> 13 Other: _____	
E. <input type="checkbox"/> 01 Rubber Lined <input type="checkbox"/> 02 Alkyd Lining <input type="checkbox"/> 03 Epoxy Lining <input type="checkbox"/> 04 Phenolic Lining <input type="checkbox"/> 05 Glass Lining <input type="checkbox"/> 06 Clay Lining <input checked="" type="checkbox"/> 07 Unlined <input type="checkbox"/> 08 Unknown <input type="checkbox"/> 09 Other: _____	
F. <input type="checkbox"/> 01 Polyethylene Wrap <input type="checkbox"/> 02 Vinyl Wrapping <input type="checkbox"/> 03 Cathodic Protection <input checked="" type="checkbox"/> 04 Unknown <input type="checkbox"/> 05 None <input type="checkbox"/> 06 Other: _____	

VI Piping

A. Associated Piping:	<input type="checkbox"/> 01 Above Ground	<input checked="" type="checkbox"/> 02 Underground	<input type="checkbox"/> 03 Vaulted	
B. Underground Piping:	<input type="checkbox"/> 01 Gravity	<input checked="" type="checkbox"/> 02 Pressure	<input type="checkbox"/> 03 Suction	<input type="checkbox"/> 04 Unknown
C. Piping Repairs:	<input type="checkbox"/> 01 None	<input checked="" type="checkbox"/> 02 Unknown	<input type="checkbox"/> 03 Yes. Year of most recent repair: _____	

VII Leak Detection

<input checked="" type="checkbox"/> 01 Visual	<input type="checkbox"/> 02 Stock Inventory	<input type="checkbox"/> 03 Tile Drain	<input type="checkbox"/> 04 Vapor Sniff Wells	<input type="checkbox"/> 05 Sensor Instrument
<input type="checkbox"/> 06 Ground Water Monitoring Wells	<input type="checkbox"/> 07 Pressure Test	<input type="checkbox"/> 08 Internal Inspection	<input type="checkbox"/> 09 None	
<input type="checkbox"/> 10 Other: _____				

VIII Chemical Composition of Materials Currently or Previously Stored in Underground Containers

If you checked yes to IV-H you are not required to complete this section.

currently stored	previously stored	CAS # (if known)	Chemical (Do Not Use Commercial Name - Use additional paper for more room)
<input checked="" type="checkbox"/> 01	<input type="checkbox"/> 02	64742-52-5	Petroleum Oil
<input checked="" type="checkbox"/> 01	<input type="checkbox"/> 02	111-42-2	Diethanolamine
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		

Is Container located on an Agricultural Farm? ☐ 01 Yes ☒ 02 No**IX IMPORTANT! Read instructions before signing:**

Signature: The form must be signed by 1) a principal executive officer at the level of vice-president or by an authorized representative. The representative must be responsible for the overall operation of the facility where the tank(s) are located 2) a general partner proprietor or 3) a principal executive officer, ranking elected official or authorized representative of a public agency.

This form has been completed under the penalty of perjury and, to the best of my knowledge, is true and correct.

Signature <i>Dale E. Gilbert</i>	Date 6-7-88
Printed Name Dale E. Gilbert	Title Plant Manager
	Phone w/ area code 213) 699-0931

Send check to: Hazardous Substance Storage Statement, State Water Resources Control Board, P.O. Box 100, Sacramento, CA 95801-0100

Person Filing Statement Kathleen J. Cook	Phone w/ area code 213) 699-0931
---	-------------------------------------

For additional forms or more information call 916/324-1262

FOR STATE USE ONLY

ID Number	Accounting Number	County Number
Date Received	<input type="checkbox"/> 01	<input type="checkbox"/> 02
		<input type="checkbox"/> 03

Official Registration Form
California Water Resources Control Board
Hazardous Substance Storage Statement



Who Must File: Each person storing hazardous substances in any underground container must file this form no later than July 1, 1984 (After October 1, 1984 and no later than January 1, 1985 for tanks used on farms).

Definition of Underground Containers: The law applies to "concrete sumps, nonvaulted buried tanks or other underground containers" (Water Code section 13173). All containers, including earthen walled pits, ponds, lagoons and sumps, that are below the normal ground surface level must register. A tank sitting on the ground is not included. Containers partially beneath the surface are included. Lined or unlined pits, ponds and lagoons are covered if earth has been removed from the storage area to construct the facility. Normal grading is not considered construction below ground level.

Definition of Hazardous Substance: Any substance listed in Section 6382 of the Labor Code or in Section 25316 of the Health and Safety Code. This includes gasoline, diesel fuel, all industrial solvents, pesticides, herbicides and fumigants. If the material must be carried by a registered hauler, disposed of at a hazardous waste site, is explosive, generates pressure due to heat or decomposition or would harm humans or wildlife you must register

the tank. Wastes are included.

Fee: For each tank registered a \$10 fee must be paid, except that retail gasoline stations pay \$5 per tank.

Penalties: For failure to file, the penalty is \$500-\$5,000 per day. If you falsify information, you can be fined up to \$20,000 for each day the information is incorrect and has not been corrected.

Confidentiality: If you have information protected by trade secret laws, please attach a list of the information on this form that is confidential and the justification for confidentiality, including specific citations of relevant statutory and case law.

Multiple Containers: Fill **I** and **II** on one form and leave it blank on all the remaining forms. Attach all forms together securely. If you own more than 50 tanks you can file information on computer tape. Call 916/324-1262 for information.

This is not a Permit Application. All Underground Tanks will be subject to local regulation. Some jurisdictions have already begun programs. Check with your local county government for further information.

NOTE: ALL UNDERGROUND CONTAINERS MUST REGISTER EVEN IF STATE AND/OR LOCAL PERMITS ARE IN FORCE.

I Owner

Name (Corporation, Individual or Public Agency)			
Street Address		City	State
			ZIP

II Facility

Facility Name		Dealer, Foreman/Supervisor	
Street Address		Nearest Cross Street	
City	County	ZIP	
Mailing Address	City	State	ZIP
Phone w/ area code	Type of Business		
	<input type="checkbox"/> 01 Motor Vehicle Fuel Station <input type="checkbox"/> 02 Other: _____		
Number of Tanks at this Facility	Rural Areas Only:	Township	Range
			Section

III 24 Hour Emergency Contact Person

Day: Name (last name first) and Phone w/ area code	Night: Name (last name first) and Phone w/ area code
Hoover, Morris 213) 699-0931 ext 226	Hoover, Morris FX-6: Personal Privacy

COMPLETE THE FOLLOWING ON A SEPARATE FORM FOR EACH CONTAINER

IV Description

A. <input type="checkbox"/> 01 Tank <input checked="" type="checkbox"/> 02 Sump <input type="checkbox"/> 03 Lagoon, Pit or Pond <input type="checkbox"/> 04 Other: _____		Container Number (if more than one number, assign one): 4805
B. Manufacturer (if appropriate): _____ Year of Mfg. 1980		C. Year Installed 1980 <input type="checkbox"/> Unknown
D. Container Capacity: 228 gallons <input type="checkbox"/> Unknown	E. Container Repairs <input checked="" type="checkbox"/> 01 None <input type="checkbox"/> 02 Unknown <input type="checkbox"/> 03 Yes Year: _____	
F. Is Container currently used? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No If No, year of last use _____ <input type="checkbox"/> 03 Unknown		
G. Does the Container Store (Check One): <input checked="" type="checkbox"/> 01 Waste <input type="checkbox"/> 02 Product		
H. Does the Container Store Motor Vehicle Fuel or Waste Oil? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No If Yes, Check appropriate box(es): <input type="checkbox"/> 01 Unleaded <input type="checkbox"/> 02 Regular <input type="checkbox"/> 03 Premium <input type="checkbox"/> 04 Diesel <input type="checkbox"/> 05 Waste Oil <input checked="" type="checkbox"/> 06 Other (List): _____		

V Container Construction

A. Thickness of Primary Containment: _____ <input type="checkbox"/> Gauge <input type="checkbox"/> Inches <input type="checkbox"/> cm <input checked="" type="checkbox"/> Unknown	
B. <input type="checkbox"/> 01 Vaulted (Located in an underground Vault.) <input checked="" type="checkbox"/> 02 Non-vaulted <input type="checkbox"/> 03 Unknown	
C. <input type="checkbox"/> 01 Double Walled <input checked="" type="checkbox"/> 02 Single Walled <input type="checkbox"/> 03 Lined <input type="checkbox"/> 04 Wrapped <input type="checkbox"/> 05 Unknown <input type="checkbox"/> 06 None	
D. <input type="checkbox"/> 01 Carbon Steel <input type="checkbox"/> 02 Stainless Steel <input type="checkbox"/> 03 Fiberglass <input type="checkbox"/> 04 Polyvinyl Chloride <input checked="" type="checkbox"/> 05 Concrete <input type="checkbox"/> 06 Aluminum <input type="checkbox"/> 07 Steel Clad <input type="checkbox"/> 08 Bronze <input type="checkbox"/> 09 Composite <input type="checkbox"/> 10 Non-metallic <input type="checkbox"/> 11 Earthen Walls <input type="checkbox"/> 12 Unknown <input type="checkbox"/> 13 Other: _____	
E. <input type="checkbox"/> 01 Rubber Lined <input type="checkbox"/> 02 Alkyd Lining <input type="checkbox"/> 03 Epoxy Lining <input type="checkbox"/> 04 Phenolic Lining <input type="checkbox"/> 05 Glass Lining <input type="checkbox"/> 06 Clay Lining <input type="checkbox"/> 07 Unlined <input checked="" type="checkbox"/> 08 Unknown <input type="checkbox"/> 09 Other: _____	
F. <input type="checkbox"/> 01 Polyethylene Wrap <input type="checkbox"/> 02 Vinyl Wrapping <input type="checkbox"/> 03 Cathodic Protection <input checked="" type="checkbox"/> 04 Unknown <input type="checkbox"/> 05 None <input type="checkbox"/> 06 Other: _____	

VI Piping

A Associated Piping:	<input type="checkbox"/> 01 Above Ground	<input type="checkbox"/> 02 Underground	<input type="checkbox"/> 03 Vaulted	N/A
B Underground Piping:	<input type="checkbox"/> 01 Gravity	<input type="checkbox"/> 02 Pressure	<input type="checkbox"/> 03 Suction	<input type="checkbox"/> 04 Unknown
C. Piping Repairs:	<input type="checkbox"/> 01 None	<input type="checkbox"/> 02 Unknown	<input type="checkbox"/> 03 Yes, Year of most recent repair:	N/A

VII Leak Detection

<input checked="" type="checkbox"/> 01 Visual	<input type="checkbox"/> 02 Stock Inventory	<input type="checkbox"/> 03 Tile Drain	<input type="checkbox"/> 04 Vapor Sniff Wells	<input type="checkbox"/> 05 Sensor Instrument
<input type="checkbox"/> 06 Ground Water Monitoring Wells	<input type="checkbox"/> 07 Pressure Test	<input type="checkbox"/> 08 Internal Inspection	<input type="checkbox"/> 09 None	
<input type="checkbox"/> 10 Other: _____				

VIII Chemical Composition of Materials Currently or Previously Stored in Underground Containers

If you checked yes to IV-H you are not required to complete this section.

currently stored	previously stored	CAS # (if known)	Chemical Do Not Use Commercial Name (Use additional paper for more room)
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		

Is Container located on an Agricultural Farm? ☐ 01 Yes ☒ 02 No

IX IMPORTANT! Read instructions before signing:

Signature: The form must be signed by 1) a principal executive officer at the level of vice-president or by an authorized representative. The representative must be responsible for the overall operation of the facility where the tank(s) are located 2) a general partner proprietor, or 3) a principal executive officer, ranking elected official or authorized representative of a public agency.
This form has been completed under the penalty of perjury and, to the best of my knowledge, is true and correct.

Signature: <u>Dale E. Gilbert</u>	Date: <u>6-7-85</u>
Printed Name: <u>Dale E. Gilbert</u>	Title: <u>Plant Manager</u>
	Phone w/ area code: <u>213) 699-0931</u>

Send check to: Hazardous Substance Storage Statement, State Water Resources Control Board, P.O. Box 100, Sacramento, CA 95801-0100

Person Filing Statement: <u>Kathleen J. Cook</u>	Phone w/ area code: <u>213) 699-931</u>
--	---

For additional forms or more information call 916/324-1282

FOR STATE USE ONLY

Q Number	Account Number	County Number
Date Received: <input type="checkbox"/> 01		

Official Registration Form
California Water Resources Control Board
Hazardous Substance Storage Statement



Who Must File: Each person storing hazardous substances in any underground container must file this form no later than July 1, 1984 (After October 1, 1984 and no later than January 1, 1985 for tanks used on farms).

Definition of Underground Containers: The law applies to concrete sumps, nonvaulted buried tanks or other underground containers. (Water Code section 13173) All containers, including earthen walled pits, ponds, lagoons and sumps, that are below the normal ground surface level must register. A tank sitting on the ground is not included. Containers partially beneath the surface are included. Lined or unlined pits, ponds and lagoons are covered if earth has been removed from the storage area to construct the facility. Normal grading is not considered construction below ground level.

Definition of Hazardous Substance: Any substance listed in Section 6382 of the Labor Code or in Section 25316 of the Health and Safety Code. This includes gasoline, diesel fuel, all industrial solvents, pesticides, herbicides and fumigants. If the material must be carried by a registered hauler, disposed of at a hazardous waste site, is explosive, generates pressure due to heat or decomposition or would harm humans or wildlife you must register.

The tank Wastes are included.

Fee: For each tank registered a \$10 fee must be paid, except that retail gasoline stations pay \$5 per tank.

Penalties: For failure to file, the penalty is \$500-\$5,000 per day. If you falsify information you can be fined up to \$20,000 for each day the information is incorrect and has not been corrected.

Confidentiality: If you have information protected by trade secret laws, please attach a list of the information on this form that is confidential and the justification for confidentiality, including specific citations of relevant statutory and case law.

Multiple Containers: Fill I and II on one form and leave it blank on all the remaining forms. Attach all forms together securely. If you own more than 50 tanks you can file information on computer tape. Call 916/324-1262 for information.

This is not a Permit Application. All Underground Tanks will be subject to local regulation. Some jurisdictions have already begun programs. Check with your local county government for further information.

NOTE: ALL UNDERGROUND CONTAINERS MUST REGISTER EVEN IF STATE AND/OR LOCAL PERMITS ARE IN FORCE.

I Owner

Name (Corporation, individual or Public Agency)			
Street Address		City	State
			Zip

II Facility

Facility Name		Owner Foreman Supervisor	
Street Address		Nearest Cross Street	
City		County	Zip
Mailing Address		City	State
			Zip
Phone w/ area code		Type of Business	
		<input type="checkbox"/> 01 Motor Vehicle Fuel Station <input type="checkbox"/> 02 Other: _____	
Number of Tanks at this Facility	Rural Areas Only	Thousand	Range
			Section

III 24 Hour Emergency Contact Person

Davis Name last, first, middle and Phone w/ area code Hoover, Morris 213) 699-0931 ext 226	Davis Name last, first, middle and phone Hoover, Morris EX-6: Personal Privacy
--	---

COMPLETE THE FOLLOWING ON A SEPARATE FORM FOR EACH CONTAINER

IV Description

A. <input type="checkbox"/> 01 Tank <input checked="" type="checkbox"/> 02 Sump <input type="checkbox"/> 03 Lagoon, Pit or Pond <input type="checkbox"/> 04 Other: _____		Container Number of this container (owner's assignment) 6004
B. Manufacturer (if appropriate): _____ Year of Mfg. _____		C. Year Installed: _____ <input checked="" type="checkbox"/> Unknown
D. Container Capacity: <u>275</u> gallons <input type="checkbox"/> Unknown	E. Container Repairs: <input checked="" type="checkbox"/> 01 None <input type="checkbox"/> 02 Unknown <input type="checkbox"/> 03 Yes Year: _____	
F. Is Container currently used? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No If No, year of last use _____ <input type="checkbox"/> 03 Unknown		
G. Does the Container Store (Check One) <input checked="" type="checkbox"/> 01 Waste <input type="checkbox"/> 02 Product		
H. Does the Container Store Motor Vehicle Fuel or Waste Oil? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No If Yes, Check appropriate box(es) <input type="checkbox"/> 01 Unleaded <input type="checkbox"/> 02 Regular <input type="checkbox"/> 03 Premium <input type="checkbox"/> 04 Diesel <input checked="" type="checkbox"/> 05 Waste Oil <input type="checkbox"/> 06 Other (List): _____		

V Container Construction

A. Thickness of Primary Containment: _____ <input type="checkbox"/> Gauge <input type="checkbox"/> Inches <input type="checkbox"/> cm <input checked="" type="checkbox"/> Unknown	
B. <input type="checkbox"/> 01 Vaulted (Located in an underground Vault.) <input checked="" type="checkbox"/> 02 Non-vaulted <input type="checkbox"/> 03 Unknown	
C. <input type="checkbox"/> 01 Double Walled <input type="checkbox"/> 02 Single Walled <input type="checkbox"/> 03 Lined <input type="checkbox"/> 04 Wrapped <input checked="" type="checkbox"/> 05 Unknown <input type="checkbox"/> 06 None	
D. <input type="checkbox"/> 01 Carbon Steel <input type="checkbox"/> 02 Stainless Steel <input type="checkbox"/> 03 Fiberglass <input type="checkbox"/> 04 Polyvinyl Chloride <input checked="" type="checkbox"/> 05 Concrete <input type="checkbox"/> 06 Aluminum <input type="checkbox"/> 07 Steel Clad <input type="checkbox"/> 08 Bronze <input type="checkbox"/> 09 Composite <input type="checkbox"/> 10 Non-metallic <input type="checkbox"/> 11 Earthen Walls <input type="checkbox"/> 12 Unknown <input type="checkbox"/> 13 Other: _____	
E. <input type="checkbox"/> 01 Rubber Lined <input type="checkbox"/> 02 Alkyd Lining <input type="checkbox"/> 03 Epoxy Lining <input type="checkbox"/> 04 Phenolic Lining <input type="checkbox"/> 05 Glass Lining <input type="checkbox"/> 06 Clay Lining <input type="checkbox"/> 07 Unlined <input checked="" type="checkbox"/> 08 Unknown <input type="checkbox"/> 09 Other: _____	
F. <input type="checkbox"/> 01 Polyethylene Wrap <input type="checkbox"/> 02 Vinyl Wrapping <input type="checkbox"/> 03 Cathodic Protection <input type="checkbox"/> 04 Unknown <input checked="" type="checkbox"/> 05 None <input type="checkbox"/> 06 Other: _____	

VI Piping

A Associated Piping:	<input type="checkbox"/> Above Ground	<input checked="" type="checkbox"/> Under Ground	<input type="checkbox"/> Vaulted
B Underground Piping:	<input checked="" type="checkbox"/> Gravity	<input type="checkbox"/> Pressure	<input type="checkbox"/> Suction
C Piping Repairs:	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Unknown	<input type="checkbox"/> Yes. Year of most recent repair: _____

VII Leak Detection

<input checked="" type="checkbox"/> Visual	<input type="checkbox"/> Stock Inventory	<input type="checkbox"/> Tile Drain	<input type="checkbox"/> Vapor Shift Wells	<input type="checkbox"/> Sensor Instrument
<input type="checkbox"/> Ground Water Monitoring Wells	<input type="checkbox"/> Pressure Test	<input type="checkbox"/> Internal Inspection	<input type="checkbox"/> None	
<input type="checkbox"/> Other _____				

VIII Chemical Composition of Materials Currently or Previously Stored in Underground Containers

If you checked yes to IV-H you are not required to complete this section.

currently stored	previously stored	CAS # if known	Chemical (Do Not Use Commercial Name) (Use additional paper for more room)
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		

Is Container located on an Agricultural Farm? ☐ Yes ☒ No

IX IMPORTANT! Read instructions before signing:

Signature: The form must be signed by 1) a principal executive officer at the level of vice-president or by an authorized representative. The representative must be responsible for the overall operation of the facility where the tank(s) are located, 2) a general partner proprietor, or 3) a principal executive officer ranking elected official or authorized representative of a public agency. This form has been completed under the penalty of perjury and, to the best of my knowledge, is true and correct.

Signed <i>Dale E. Gilbert</i>		Date
Printed Name Dale E. Gilbert	Title Plant Manager	Phone w. area code 213) 699-0931

Send check to: Hazardous Substance Storage Statement, State Water Resources Control Board, P.O. Box 100, Sacramento, CA 95801-0100

Person Filing Statement Kathleen J. Cook	Phone w. area code 213) 699-0931
---	-------------------------------------

For additional forms or more information call 916/324-1282

FOR STATE USE ONLY

Q Number	Accounting Number	County Number
Date Received	<input type="checkbox"/> 01	<input type="checkbox"/> 02
		<input type="checkbox"/> 03